| COUEDINE A (EEC Form 2) | | | FOR LINE NUMBER: PAGE 166 OF 172 |
|---|------------------------|--------------------------|------------------------------------|
| SCHEDULE A (FEC Form 3) | | Use separate schedule(s) | (check only one) |
| TEMIZED RECEIPTS | | for each category of the | 11a 11b 11c x 11d |
| | | Detailed Summary Page | 12 13a 13b 14 15 |
| Any information copied from such Reports and S or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) | | | |
| Eric Lynn for Congress | | | |
| Full Name (Last, First, Middle Initial) | | | |
| Lynn, Eric, M, , | | | Date of Receipt |
| Mailing Address 146 20th Ave NE | | | M M / D D / Y Y Y Y |
| O:h . | 04-4- | 7: 0 | 06 28 2021 |
| City | State FL | Zip Code 33704-4533 | Transaction ID : VPFF8SZEYJ0 |
| St Petersburg | ΓL | 33704-4533 | _ |
| FEC ID number of contributing federal political committee. | C H6FL13189 | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | 1 | 1000.00 |
| Self | Consultant | | |
| Receipt For: 2022 | Election Cycle-to-Date | | Memo Item |
| 🗶 Primary General | Licotion 0 | yolo to bate 🔻 | |
| Other (specify) ▼ | | 1000.00 | |
| | | , , , , , | |
| Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| Mailing Address | | | - |
| maining / tau/ 555 | | | M M / D D / Y Y Y |
| City | State | Zip Code | |
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| federal political committee. | | | |
| Name of Employer | Occupation | 1 | |
| | | | |
| Receipt For: | Flection C | ycle-to-Date ▼ | Memo Item |
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| Other (specify) ▼ | | | |
| | | | 1 |
| Full Name (Last, First, Middle Initial) | | | |
| D. ———————————————————————————————————— | | | Date of Receipt |
| Mailing Address | | | M M / D D / Y Y Y Y |
| 0.1 | 01-1- | 7. 0. 4. | _ |
| City | State | Zip Code | |
| FEC ID number of contributing | | | |
| federal political committee. | C | | Amount of Each Receipt this Period |
| | | | |
| Name of Employer Occupation | | | |
| Desciret Fam | L | | Memo Item |
| | | ycle-to-Date ▼ | L Womo Rem |
| Primary General | | | |
| Other (specify) ▼ | | 7 | |
| | | | |
| | | | 1000.00 |
| SUBTOTAL of Receipts This Page (optional) | | | |

TOTAL This Period (last page this line number only).....

1000.00